

# Church of God Children's Home of North Carolina

## Volunteer Liability Waiver

I, \_\_\_\_\_, request permission to take part in activities  
(Applicant's Name)  
on the campus of Church of God Children's Home.

Type of Activity: \_\_\_\_\_

### **Release and Hold Harmless Agreement for Church of God Children's Home, Inc. ("COGCH")**

In consideration of COGCH'S allowing the undersigned to perform activities at said COGCH, the undersigned releases and absolves said COGCH of any and all liability for damages for any personal injuries, property damages and related damages which might arise from accident or another incident while on COGCH property. Furthermore, the undersigned agrees to indemnify and hold COGCH harmless against claims that may be filed or asserted against said COGCH on account of any act of the undersigned performed in the course of such activities or as a result of any accident in which the undersigned might be involved while on COGCH property.

In addition, I agree to abide by and uphold any rules, regulations, and policies that Church of God Children's Home has regarding the use of property. I understand that no tobacco or drug products are permitted on the campus. Also, I agree to pay for any damages determined to have been caused by my involvement in on campus activities, including repairs, tools, equipment, etc.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

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### **OFFICE USE ONLY**

Permission is granted to \_\_\_\_\_ to participate  
with on campus activities of Church of God Children's Home.

Date of Use: \_\_\_\_\_

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

**Church of God Children's Home  
Volunteer Confidentiality Agreement**

I understand that as a volunteer for the Church of God Children's Home, I am expected to follow professional standards and practices of confidentiality. I will not disclose or discuss the facts of any individual(s) except in the conduct of official Children's Home business. I accept full liability for any breach of confidentiality which I may cause.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_